

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

68-043375

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 100

Primary Registration District No. 3018

Registrar's No. 110

STATE FILE NUMBER

FILED DEC 12 1963

1. PLACE OF DEATH

a. COUNTY

Dent

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Salem

Length of stay in 1b
Years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Knox Nursing Home

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Dent

c. CITY
OR TOWN Salem

Inside Limits
Yes ☐ No ☒

d. STREET
ADDRESS

(If outside, give location)
Route 5

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First
MARY

Middle

SCHWARTZ

Last

4. DATE OF DEATH

Month

Day

Year

Dec. 5 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

11/30/82

9. AGE (last birthday)

81

IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

At home

11. BIRTHPLACE (City and state or country)

Phelps County, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John Watson

13b. MOTHER'S MAIDEN NAME

Unknown Wilson

14. NAME OF HUSBAND OR WIFE

William (dec'd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)

No

16. SOCIAL SECURITY NO.

Frankie Schwartz Salem, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Gen. Atherosclerosis

DUE TO (c)

Sensibility

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE ☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1961 to Dec 5, 1963 and last saw her him alive on Dec 5, 1963

Death occurred at 4:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

12/7/63

23c. NAME OF CEMETERY OR CREMATORY

Rolla Cemetery

23d. LOCATION (City, town, or county)

Rolla

(State)

Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Max L. Wray Salem, Mo.

12-10-63

M. M. Wray M. L. Wray

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

1 0331

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Edward F. Broyles

Licensed Embalmer No. 4553

P. O. Address

Edmund F. Broyles
Salem Mo. R0 2125

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.